SINGLE TRI to transport a mobi	- Phon	ne In	e In				Departmen	partment of Transportation					
MV2603 8/2002 s.348.25(3) Wis. Stats.						Original Trip				Telephone	e: 608-267-7	7998	
Section A - Cus	Please print clearly or type.				Re	Return Trip							
Permit Customer No. PC -					Effec	Effective Date Expiration Date							
2. Legal Name - Vehicle Owner or Lessee							Doing Business As (D/B/A)						
Mailing Address							(Area Code) Business Telephone No.						
City State Zip Code						Conta	Contact Name for DOT to call if questions / (Area Code) Telephone No.						
Section B - Load	_	Home		□ Modu	lar Building	r Section 9	Corio	l No :					
Section C - Veh		TIOTHE		IVIOGU	iai Dullullig	J Section (Selia	II INO					
Power Unit- Various- Drive axle must have dual wheels.							State Ye				Make		
Towed Vehicle - Mobile Home Serial Number													
Modular Building S Towed On Dollies Undercarriag Other	License or Vehicle Identification No.												
Section D Size		Length Width			He	Height							
		Feet	Inches	Feet	Inches	Feet	Inc	ches					
Roof													
Towed Vehicle below Roof													
Overall													
Group A Permi 13 1/2 ft. high, 100 Level Required	tted dimens 0 ft. long, 12	ions canno 25% of sta	ot exceed: atutory GV	12 ft. wic	_	(Gro	ир В	Permitted di	Check Group A commensions: Dimerombined Single Lim	nsions excee		
Section F - Axle	e Weight /	Spacing -	Not appli	icable to	this form								
Section G - Trip													
Original	From City, Village, Township To City, Village Tow						ship Via Highways						
Trip	Via Highways - continued												
Return Trip	If return trip is requested, are the return dimensions and route (in reverse direction) the same as the "Original Trip"? Yes No, On a second application, check Return Trip box at top, complete Section A Items 1 and 2, and Sections D, E, and G.												
NOTE: Single trip are valid on all sta SPECIAL CONDIT	ate highway	s, local ar	nd county i	roads.	r building s	ections m	,			ne Wisconsin Depa		•	
Total Fee			Inclu	ides \$5 se	ervice fee							hat the statements	
Permit Number							contained in the application are true and correct, and if granted a permit, I will comply with all terms and conditions that apply.						
Revised / Amende						X							
Permit VALID	ONI V W	hon:							(Customer	or Authorized Age	ent)	(Date)	

1. Signed by applicant. 2. Permit number provided by the Permit Unit is entered. 3. Form MV2602 is attached. A FAXed copy of this permit is valid.